DOCUMENT RESUME

ED 275 777 UD 025 188

AUTHOR Quint, Janet C.; Riccio, James A.
TITLE The Challenge of Serving Pregnant and Parenting Teens. Lessons from Project Redirection.
INSTITUTION Manpower Demonstration Research Corp., New York, N.Y.
SPONS AGENCY Ford Foundation, New York, N.Y.; Office of Youth Programs (DOL), Washington, D.C.
PUB DATE Apr 85
NOTE 32p.; For related documents, see UD 025 187-190.
AVAILABLE FROM Manpower Demonstration Research Corp., Three Park Avenue, New York, NY 10016 ($8.00).
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adolescents; *Community Services; *Early Parenthood; Financial Support; High Schools; Job Training; *Pregnancy; Program Effectiveness; Social Services; *Social Support Groups; Voluntary Agencies
IDENTIFIERS *Project Redirection

ABSTRACT

Project Redirection was designed to help pregnant and parenting adolescents progress toward eventual self-sufficiency by linking them with community agencies and volunteers at four geographically and ethnically diverse sites in the United States (in Boston; New York City; Phoenix, Arizona; and Riverside, California). Distinctive features of the program include: (1) a broad scope of services including employability training and parenting and educational counseling; and (2) the inclusion of paid women drawn from the local community to act as primary supports to the teens and help them achieve short-term goals. This monograph opens with a review of the consequences of teenage pregnancy and the Redirection approach for addressing the problems, and then discusses the sites' operational experiences. Participation in Project Redirection resulted in some short-term improvements in most subgroups and for most outcomes. By the end of the study, however, when teens were out of the program, differences between the experimental and comparison groups had largely disappeared, except for certain subgroups. The report concludes with the following lessons: (1) reliance on the brokerage model means depending on the services available in the community; (2) the longer teens stayed in the program the better they did, so no maximum length should be established; and (3) younger mothers need a greater mix of, and different, services than older mothers. (LHW)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED275777

# The Challenge Of Serving Pregnant And Parenting Teens

## Lessons From Project Redirection

Janet C. Quint
James A. Riccio

Manpower Demonstration Research Corporation

April 1985

UD 025 188

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

S. E. Mandel
MDR Corp.

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

2

## Board of Directors

**RICHARD P. NATHAN,** *Chairman*
Professor
Woodrow Wilson School of Public and International Affairs
Princeton University

**M. CARL HOLMAN,** *Vice-Chairman*
President
National Urban Coalition

**PAUL H. O'NEILL,** *Treasurer*
President
International Paper Company

**ELI GINZBERG,** *Chairman Emeritus*
Director
Conservation of Human Resources
Columbia University

**BERNARD E. ANDERSON**
Visiting Fellow
Princeton University

**JOSE A. CARDENAS**
Director
Intercultural Development Research Association

**ALAN KISTLER**
Director of Organization and Field Services
AFL-CIO

**ELEANOR HOLMES NORTON**
Professor
Georgetown University Law Center

**DAVID SCHULTE**
Managing Partner
Chilmark Partners

**ROBERT SOLOW**
Institute Professor
Massachusetts Institute of Technology

**GILBERT STEINER**
Senior Fellow
Brookings Institution

**PHYLLIS A. WALLACE**
Professor
Alfred P. Sloan School of Management
Massachusetts Institute of Technology

**NAN WATERMAN**
Treasurer, Board of Directors
Children's Defense Fund

---

**BARBARA B. BLUM**
President
MDRC

# Lessons From Project Redirection

Project Redirection is a program intended to ameliorate many of the severe problems that typically accompany teenage childbearing, particularly when economically disadvantaged young women have a child at an early age. The program has been directed toward young teenagers — those who are 17 years or younger, without a high school or General Equivalency (GED) diploma, and generally those either receiving Aid to Families with Dependent Children (AFDC) or eligible to receive it.

The program's approach is comprehensive, seeking to enhance the teens' educational, job-related, parenting and life-management skills, while at the same time encouraging these young people to delay further childbearing until they have become more self-sufficient. The program's strategy is to link participants with existing services in the community, supporting these with workshops, peer group sessions and individual counseling provided in the program setting. It also pairs teens with adult "community women," who volunteer to provide ongoing support, guidance and friendship outside and within the formal program structure. Chart 1 describes the program model.

Despite the growing concern in this country about the escalating rates of pregnancy among teenagers, reliable information about the effectiveness of new programs is extremely limited. Consequently, Project Redirection was implemented as a national research demonstration to test the feasibility and effects of its particular approach in helping pregnant teens and young mothers. Since the program's inception in mid-1980, four programs (often called sites) and their participants have been intensively studied by the Manpower Demonstration Research Corporation (MDRC), an organization that designs and evaluates innovative social programs. MDRC assisted the sites in implementing the program model and monitored local operations. The organization also bore overall responsibility for the research.

The local programs brought geographic and ethnic diversity to the demonstration, which was managed by community organizations experienced in working with disadvantaged youths. These organizations included one in a Puerto Rican community in Boston, another located in a black community in New York City (Harlem), a third in a Mexican-American area in Phoenix, and a fourth in a racially mixed community in Riverside, California. Two of the sites — New York and Phoenix — could serve as many as 100 teens at a time, while the other sites had a smaller capacity of 50 teens each. From 1980 through December 1982 — when the main demonstration concluded — the sites had served a total of 805 teens.

The demonstration was funded at the national level by The Ford Foundation, the national office of the Work Incentive Program (WIN) and the Offices of Youth Programs and of Policy

Evaluation in the U.S. Department of Labor. The William T. Grant Foundation also supported a special study of the community woman component. Each of these agencies saw the need for learning more about how to assist this group of young people, many of whom seemed destined for long-term welfare dependency and other serious problems. At the local level, the organizations operating the programs secured matching funds from community sources, both governmental and private.

In 1983, based on promising interim findings from the evaluation, the demonstration was

CHART 1

Project Redirection Program Features

| | |
|---|---|
| **Objectives** | • Continuation of education<br>• Delay of subsequent pregnancies<br>• Acquisition of employability and job skills<br>• Improved maternal and infant health<br>• Acquisition of life management skills (e.g., family planning, parenting skills and nutrition education) |
| **Eligible Target Population** | Adolescent girls:<br>• Age 17 and under<br>• Pregnant for the first time, or mothers of young children<br>• Receiving welfare, either as head of a case or a member of a welfare household (Up to 20 percent of active enrollees could be from a family not receiving welfare but with a current annual income within 70 percent of the lower living standard.)<br>• Without a high school diploma or GED |
| **Service Delivery Features** | • Individual Participant Plan<br>• Community woman component<br>• Peer group sessions |
| **Participating Organizations** | • New York: Harlem YMCA<br>• Boston: El Centro del Cardinal<br>• Phoenix: Chicanos Por la Causa<br>• Riverside: Children's Home Society |

expanded. Seven community foundations and a state agency joined The Ford Foundation in financing seven additional sites in which existing teen programs adopted various features of Project Redirection. These sites — which provide an opportunity to study the wider adaptability of the program model — are located in Albuquerque, New Mexico; Atlanta, Georgia; Brooklyn, New York; Cleveland, Ohio; Greenville, Mississippi; El Paso, Texas; and St. Louis, Missouri. Local foundations supporting this replication include the Levi Strauss Foundation of San Francisco (which is supporting the program in Albuquerque); the Metropolitan Atlanta Community Foundation; the New York Community Trust; the Cleveland Foundation; the Governor's Office of Job Development and Training in Mississippi; the El Paso Community Foundation; the St. Louis Community Foundation and The Danforth Foundation, also in St. Louis. A report on the operational experience of these seven sites will be issued in the fall of 1985.

The research on the four original sites has three major parts:

- an **impact analysis**, which measures the effects of Project Redirection on teens' contraceptive, childbearing, educational and employment-related behaviors;
- an **implementation analysis**, which describes the Project Redirection treatment and assesses the feasibility and cost of the program; and
- an **ethnographic analysis**, which, using field work techniques, describes how the circumstances and backgrounds of a small group of program participants (some of whom are profiled in this monograph) influenced the behaviors the program sought to change.

The implementation and ethnographic studies were conducted by the MDRC research staff. The impact analysis was conducted by Humanalysis, Inc. and the American Institutes for Research in the Behavioral Sciences, under the supervision of MDRC. The results of the impact study are presented in three reports: an initial "baseline" report (that is, an analysis of teens' characteristics and service needs at program start-up) and in two follow-up reports on the teens' experiences at 12 and 24 months after their entry into Project Redirection or the matched comparison group.[1]

The implementation research on Project Redirection shows that the program model was a feasible one to operate. Community women and teens were willing to join the program and, for the most part, they formed close personal relationships. Moreover, the staff was able to provide teens with the promised comprehensive services, although the "brokerage" approach to service delivery made it often difficult to assure the high quality and appropriate content of services.

The impact research further indicates that, relative to the comparison teens — many of whom had received services from other programs — Project Redirection teens had better educational and employment-related outcomes and a lower rate of subsequent pregnancy while they were still in the program. This advantage, however, was generally not sustained over the longer term, although within certain subgroups, the program did produce some enduring benefits. However, because many teens in the comparison groups were also well served, it is not possible to assess Project Redirection's effects on teens compared to their experiences in the absence of any services at all.

This monograph summarizes the major lessons from the research on Project Redirection. It opens with a review of the consequences of teenage pregnancy and the Redirection approach for addressing the problems, and then discusses the sites' operational experiences. It next reviews the methodology and findings of the impact study. The monograph concludes with a summary of lessons to be considered by policymakers, program planners and funding agencies seeking ways to improve the well-being and future prospects of pregnant and parenting adolescents.

# Consequences of Teenage Pregnancy

The prevalence of teenage pregnancy and childbearing has been well-documented. In 1980, 468,626 pregnancies occurred to women 17 years of age and younger, and 45 percent resulted in a live birth. The majority of these births were to unmarried teens.[2] According to one projection, unless current behavior changes, nearly 40 percent of all teens aged 14 in 1981 will become pregnant before reaching the age of 20.[3]

Project Redirection's comprehensive approach reflects accumulated evidence pointing to a broad range of problems generated by teen childbearing. One concern is the health of the teens and that of their children. According to numerous studies, pregnancy poses greater risks to toxemia, anemia and other complications to teenagers than to women in their 20s. The young women's babies, in turn, are at greater risk of being stillborn and born prematurely; they are also more likely to have a low birthweight and physical and mental handicaps.[4]

Studies also illuminate other difficulties for the young mothers. Teenage childbearing increases the probability that an adolescent will drop out of school, and generally reduces her overall level of educational attainment. It is also associated with larger family size. And, as a result of the lower educational levels and larger families, teenage mothers tend to have less success in the labor market than do women who delay childbearing — as reflected in their low-paying and less prestigious jobs and a lower annual level of earnings.[5]

Particularly because these young people fare poorly in the workforce, teenage mothers have a high probability of becoming dependent on public assistance. In 1975, as one analysis shows, 71 percent of the mothers who were under 30 and receiving welfare were teenagers when they first gave birth. Yet, among all women in the U.S. under age 30, only 37 percent (according to 1970 data) were teenagers when they first gave birth.[6]

Society's economic burden in sustaining this group is substantial and includes the costs of AFDC payments, Food Stamps and Medicaid. In fact, more than half of all AFDC expenditures are used to maintain households in which the mother was a teenager when the first child was born. Several researchers have estimated that the annual public costs for such households are close to $10 billion.[7]

Early childbearing is also associated with significantly longer spells on welfare. A recent study projected that a non-white high school dropout who starts receiving welfare as a single mother will average about 10 years in her spell of AFDC dependency.[8]

# Implementing the Redirection Model

Each local Redirection program began with a setting and a staff. The setting usually consisted of at least one large area that could be used for group activities and several private or semi-private offices lodged in the building occupied by the sponsoring agency or in another convenient location. Because it was expected that teens would come to the program often — at least weekly or biweekly — for workshops, other activities and counseling, and that some teens would use the facility as a "drop-in" center, staff tried to create a cheerful, homey physical environment, complete with sofas, plants and posters. Playpens and toys were there for the occasions when teens brought their children to program offices.

Social workers and other human services professionals primarily made up the staff, which typically included a program director, a person charged with coordinating the activities of the community women, and several counselors. One of the counselors was usually responsible for the delivery of program services either by program staff or, more often, by other community agencies and organizations. At three of the four sites, the local WIN Program contributed a full-time worker whose function it was to intercede on the teens' behalf with the welfare system and other public agencies providing needed assis-

tance. With the exception of these WIN employees, all Project Redirection staff were women.

In operating Project Redirection, the local programs faced the challenge of both attracting and retaining the teens while at the same time delivering to them a wide range of services — many of which (such as parenting classes) the teens liked, and some of which (such as education) they may have resisted. This challenge was both considerable and ongoing, and as a result, the programs underwent substantial change over time. In response to funding cutbacks, to directives from MDRC, and to the perception of local sponsors that certain modifications were called for, sites altered aspects of their operations as implementation progressed.

Therefore, the story of Project Redirection's implementation is, to a large extent, the story of a program in transition. In retrospect, it seems fair to say that the sites had more success in some areas of program operation than in others.

## Recruitment and Characteristics of Program Participants

Initially, the sites sought to begin their programs quickly and drew their participants almost exclusively from other agencies serving this population — among them, hospitals and health clinics, welfare offices, schools and other community organizations. Still, to secure the cooperation of these organizations, Redirection staff spent a good deal of time explaining the new program.

It was especially important to reassure outside agency personnel that Redirection was intended to cooperate with and complement, not compete with, existing services. A useful technique was to include these agencies and organizations in the network of providers to which Redirection staff made referrals.

However, the fact that more than two-thirds of the participants enrolled came from referrals during the program's first eight months led to a different concern: that teens most in need of assistance were not being reached by this recruitment strategy. As the sites attained a more mature phase of operations, MDRC urged them to diversify their recruitment techniques and to rely less on outside agencies. Most sites were able to do so, enrolling over one-third of their new participants from among the friends of the teens who were already in the program. These teens, however, turned out to have characteristics and service needs quite similar to those of other participants. It may well be that, at a time when services for adolescent parents were proliferating in urban areas, only the most isolated and hard-to-reach teens remained untouched by some service program.

It is important to emphasize that, on the whole, teens in Project Redirection were extremely disadvantaged in comparison not only to adolescents in general, but also in comparison to other teen parents. Table 1 presents the salient demographic and socioeconomic characteristics of the 805 teens enrolled in Project Redirection's four sites between July 1980 and December 1982, 56 percent of whom were pregnant with their first child; 44 percent were already parents. Almost 90 percent of the total sample were members of ethnic minorities. The majority lived with their mothers and siblings (only one in seven was in a two-parent household), and most had only irregular contact with their natural fathers. About three-quarters of the participants reported that their own mothers had themselves been teenage parents.

The severe educational deficits of these teens presented one of the most difficult of the program's initial challenges. At age 16 (when most young people are in the 10th or 11th grade), the average enrollee in Project Redirection had not yet completed the 9th grade. The majority of teens (59 percent) had already dropped out of school when they joined Redirection. And, while pregnancy is often a reason for school departure, it appears that fully half these teens were so alienated from the educational system that they had left school before they became pregnant. Among those who were still formally enrolled in school, truancy was common.

Over 70 percent of the teens were receiving AFDC welfare at enrollment, either as heads of cases or as part of another person's case.[9] How-

ever, despite their heavy reliance on welfare, only a small proportion of teens aspired to receive public assistance, according to the ethnographic study. Most, including those whose families had been on welfare for many years, asserted that AFDC payments were too low to provide the kind of life they wanted. Indeed, while teens were largely disaffected from school, many looked to their own employment — rather than to early marriage or public assistance — as the key to economic security, at least for the foreseeable future.

### A Preference for Work Over Welfare

Thus, 92 percent of the teens reported that they would rather work than be on welfare, and only 3 percent thought welfare was preferable. (The remaining 5 percent were not sure.) But, although the teens were interested in jobs, few had career goals, and many were unaware of the education and training requirements of specific occupations. Only a handful had previously received services directed toward employability development.

Just over half of the teens (54 percent) said they had used birth control, but even among those who had, only 60 percent said that they used contraceptives consistently. Only a small number — 22 percent — had ever received family planning services prior to program entry. On the other hand, almost all had received prenatal care, and the large majority of teens who were already parents had obtained pediatric care for their children.

What the numbers do not capture is the complex psychology of adolescent motherhood or the severity of the problems many teens faced. The environments from which many Redirection enrollees came and in which they made their way were often highly troubled, as were their family backgrounds. Among the 18 teens studied in depth in the ethnographic analysis (a group that was largely representative of all enrollees), at least two had been raised by abusive parents (and one was herself suspected of child abuse). However, the study also strongly suggested that the majority of teens could turn to their mothers for psychological support, although a few were set adrift, both emotionally and physically.

Some teens settled in for a time with friends or boyfriends, or established households on their

### CASE STUDY

No Project Redirection teen is typical and efforts to generalize are difficult. The case studies highlighted in this monograph suggest the range of family backgrounds, support systems, attitudes and behavioral patterns that teens brought to Project Redirection and the different ways in which they responded to the program. All names are pseudonyms.

**Malena** is an 18-year-old mother of two children, born a year apart, and fathered by two different young men. When the first left her during her pregnancy, she immediately developed a new relationship with the father of the second child. Both were verbally and physically abusive, but she "went steady" with each. Currently, she is separated from the second young man, believing he was unfaithful to her. She consequently does not allow him to see his baby and she does not want to marry him.

Malena says she has been taking birth control pills since she was 13 years old. While understanding that they must be taken properly, she also believes that even "if you take the pill right, you can have a pill baby if you have sex." Malena talks about having her tubes tied. She thinks that this is reversible.

Malena has lived with her sister and on her own. She was raised by her mother, who has never been employed but has raised a large family. The home situation has often been very troubled; there have been siblings who died accidentally, and others who were put into child custody during their early years. Malena herself has no employment experience or aspirations. She is almost illiterate and has difficulty dealing with the welfare system.

During her early days in Redirection, Malena established a good relationship with her community woman, who helped her with the welfare system and encouraged her to attend Redirection workshops. However, she stopped going to them regularly as her personal problems intensified. Finally, she left home, and the program's contact with her has ceased.

own. This was not always the best of arrangements. Two teens were frequently mistreated by their boyfriends, and alcoholism and drug use were common in the homes of a significant minority, both their own and the homes of their parents. And, while it would be incorrect to characterize the lives of most Redirection participants as this disturbing, even when families were sustaining and supportive, the teens were caught in the turbulence associated with growing up in general, and adolescence in particular.

Adolescence in American society is a period of transition. It is a time when young people try out new, more grown-up roles without, however, shedding dependent behaviors. As the teens seek the freedom and status accorded to adults, they do not necessarily want to shoulder the responsibilities that accompany adulthood, including planning for the future.

Findings from the ethnographic analysis suggest that, for the pregnant and parenting teens in Project Redirection, childbearing exacerbated this status confusion, and the very youth of the program enrollees (two-thirds were 16 or less) heightened the dilemma. For one, while very few of the Redirection teens had wanted to become pregnant, many anticipated that bearing a child would produce sought-for changes — solidified relationships with boyfriends and greater autonomy, for example. Often, these changes were not forthcoming.

Role confusion was increased when, as was frequently the case, the new baby became a source of tension between teens and their families. While most of the mothers of Redirection teens were angry and disappointed when they first learned that their daughters were pregnant, usually the breach was healed before delivery. There were, however, subsequent conflicts on such issues as whether the mother or daughter was chiefly responsible for the baby's care, or whether the mother could impose restrictions on her daughter's outside activities. And, at the same time that the teens resented maternal authority, they were happy to escape the burdens of motherhood when they chose to.

Throughout, a common hardship shared by all Redirection teens and their families was the fact they were poor. Their mothers frequently were not working or held menial jobs. The households in which they lived were often crowded, and the teens lacked privacy. Like other poor youths, the teens who came to Project Redirection saw good employment opportunities as largely foreclosed to them and schools as unresponsive to their needs. Clearly, the task of "redirecting" these young women was a formidable one.

## The Program Treatment

The Program Ethos. The Redirection treatment is best seen as a mixture of messages, relationships and services. Many of the messages communicated to teens by program staff and community women were straightforward:

- You need to get good medical care for yourself and your child.
- You have to stay in school and obtain a diploma if you want to find a decent job.
- Working is the key to a better life for yourself and your children.
- If you have another baby too soon, it will be hard to achieve your [Redirection] goals, so use birth control on a regular basis.
- You need to learn how to feed, clothe and care for your baby and to know what to expect as the baby grows into a toddler.
- You should get what you want and need out of your relationship with your boyfriend.

But, underneath these explicit messages was an implicit one that staff and community women considered of primary importance:

- You are a good and worthwhile person.

Staff at all sites were convinced that the teens needed, above all, increased self-esteem, and they saw this as a pre-condition both to immediate service utilization and to ultimate self-sufficiency. A leading priority, therefore, was to create a warm, supportive and non-judgmental environment, in which teens would feel free to confide with others. The teens would come to recognize, staff believed, that their problems were not unique and not insurmountable.

The Redirection model posits that these messages can be reinforced by the teens' interactions with one another, as well as with community women (whose role is discussed

below) and with program staff. Peer group sessions were regularly scheduled for all participants. In these, teens came together to discuss their experiences and problems and to help each other in areas that were important to them — typically, relationships. The meetings also provided staff with a forum in which to re-emphasize program goals and offer suggestions on how to achieve them. And, especially, in the more geographically extensive sites — such as Phoenix and Riverside — these sessions were a valuable gathering place and an antidote to the isolation caused by motherhood.

**The Community Woman Component.** A key modality of service provision in Project Redirection was the community woman component. Of all the program features, this is the one that most clearly distinguishes Redirection from other programs for pregnant and parenting teens. The community women, each of whom was matched to between one and five teens, performed many functions in Project Redirection. They served as the teens' friends and confidantes; reinforced the program's messages; monitored teens' scheduled activities and relayed problems and progress back to staff; and taught participants, by their own example, how to be effective parents and to cope with the problems of everyday life.

The concept of the community woman evolved from a small grass-roots program in Brooklyn, New York, in which low-income women volunteered to assist teenagers in one-to-one relationships. It remained to be seen, however, whether this voluntary model could be institutionalized and integrated into a multi-service approach. Critical questions included whether enough women would join the new program, and if so, which types of women would be most effective in that role.

The answer to the first question appears to be "yes;" despite turnover once enrolled, sufficient numbers volunteered to assist the teens. The answer to the second question is that no single kind of community woman can be clearly identified as successful.

TABLE 1

Selected Characteristics of Teens at Time of Enrollment in Project Redirection

| Characteristic | Teens Enrolled |
|---|---|
| **Ethnicity (%)** | |
| Black | 43.5 |
| Hispanic | 44.7 |
| White | 11.1 |
| Other | 1.7 |
| **Age (%)** | |
| 14 or Less | 10.3 |
| 15 | 21.3 |
| 16 | 32.5 |
| 17 | 36.0 |
| Mean Age (Years) | 16.4 |
| **Pregnancy Status (%)** | |
| Pregnant with First Child | 56.3 |
| Pregnant with Subsequent Child | 4.4 |
| Parent, not Pregnant | 39.3 |
| **Never Married (%)** | 93.9 |
| **Household Status (%)** | |
| Head of Household | 7.9 |
| Living in Two-Parent Household | 14.5 |
| **School Status** | |
| Out of School at Enrollment (%) | 59.1 |
| Percent Out of School Who Left School Before Pregnancy (%) | 49.9 |
| Mean Number of Months Out of School | 13.4 |
| Mean Highest Grade Completed | 8.9 |
| **Receiving AFDC (%)** | 71.6 |
| **Receipt of Services Before Redirection (%)** | |
| Employment | 2.9 |
| Family Planning | 21.9 |
| Prenatal Care (If Pregnant) | 95.9 |
| Pediatric Care (If Parents) | 87.1 |
| **Total Number of Teens Enrolled** | 805 |

SOURCE: Branch et al., 1984, Table 2.1.

Community women were recruited from many sources, including local organizations and churches; about one-third came on the referral of a friend. They offered their time to Redirection for many reasons. A number had themselves been teenage mothers and wanted to provide other young mothers with opportunities they had missed. In other cases, women wanted to learn more about their own children, and still others simply hoped to do something to alleviate a major problem in their community.

Community women were required to spend a minimum of five hours a week with each teen, but they often spent more. For this, they received a weekly stipend of $15 per teen to defray the cost of expenses incurred during the course of program activities (including the costs of transportation). Few community women said that this stipend spurred their participation. Nonetheless, while the stipend may not be a necessary program feature, it was probably important to many low-income women, enabling them to take part in the program on an equal basis with others and, from time to time, to treat the teens assigned to them to a lunch, movie or present.

Both across and within the sites, the community women were a diverse group. While usually paired with teens from the same ethnic background, they ranged in age from the early 20s to the late 70s. Half of the women were married and living with their spouses, about one in seven had never married, and the remainder were divorced, separated or widowed. Five out of six had at least a high school diploma or its equivalent. The majority were not working when they joined the program; across the sites, just over one-quarter were receiving welfare.

Program planners and local operators viewed careful training and supervision as critical to the success of the component. Before they were matched with teens, community women received several days' training, covering such different topics as the women's attitudes toward teen pregnancy and parenthood, the needs of teenage mothers and available social services, communication skills, and documentation procedures. These sessions also gave staff the opportunity to observe and to dismiss women who appeared inappropriate and permitted women who decided that the position was not right for them to leave gracefully.

Over the course of the demonstration, periodic in-service training sessions were held to refresh skills and allow the community women to share problems and solutions. Pairing new community women with more experienced colleagues was also a useful training technique.

Experience has allayed initial doubts about whether women at opposite ends of the economic scale — that is, women on welfare and professional women — can be effective in the role. It appears that an impartial approach and an ability to communicate with the teens and to understand their concerns are the most important criteria of success in forming close relationships with the teens.

### Interaction with Community Women

Predictably, the quality of the relationship has varied with the personalities and circumstances, but on the whole, the community woman component has been regarded favorably by participants. When teens were asked how important their community woman was, the majority said she was "important" or "very important" in interviews held after teens had left the program. Teens generally mentioned how nice the community women were, how easy they were to talk to, how helpful they were with advice and concrete assistance, and how they took them to various places.

The relationship was often particularly close when teens became estranged from their families; for these participants, the community woman sometimes served as a surrogate mother. At the other extreme, some teens felt that their community woman was either too distant or unduly prying. In fact, alienation from her community woman was a major source of a teen's dissatisfaction with the program as a whole.

The community women also played a critical role in program operations, extending staff capacity outside the program's confines. In regular meetings with staff members, the women shared their observations of how the teens were faring and discussed problems as well as strategies for handling them.

While the community woman concept has been both feasible and useful for Project Redirection, the smooth operation of the component cannot be taken for granted. High rates of turnover, common among volunteer programs, characterized Project Redirection as well: only 22 percent of the community women ever enrolled were still active at the end of 1982. Turnover posed difficulties not only in terms of finding replacements, but because the teens found it hard to transfer their confidence and affection from one community woman to another.

Turnover was eased, however, as staff came to understand that community women joined the program to meet some of their own needs as well as those of the teens. Setting up committees of community women, giving them an opportunity and a place to socialize, providing them with rewards and recognition — all of these helped build commitment to the program. Thus, a warm, supportive atmosphere may be as important in developing a strong community woman component as it is to achieving the program's larger objective of assisting the teens.

**Service Delivery: Individualization and Brokerage.** From its inception, the guidelines under which Project Redirection operated made it clear that the program was not merely to counsel teens but also to arrange for, coordinate, and monitor the delivery of a concrete and structured set of services. Four areas were designated as the most important: health, education, employment and employability development, and "life management," a rubric which includes activities as diverse as nutrition, child-rearing, family planning, budgeting and assertiveness training. Recreational activities, transportation assistance, and child-care services were also available, although child care was infrequently used. Most teens preferred and received child-care assistance from their families.

Teens also received a $30 monthly stipend as an incentive for participation. During the second year of the demonstration, the sites, at MDRC's urging, tied the stipend to participation: Full or partial deductions were made when attendance in any or all of the components was judged unsatisfactory. It is difficult to say, however, whether this resulted in improved participation.

While the program guidelines dictated that all teens were to receive services in each of the major areas, staff also recognized the importance of focusing on each teen's needs — her age, school status, support system, goals, strengths and deficiencies. The Individual Participant Plan, or the IPP, provided the framework through which this was to be accomplished. The IPP was a planning and monitoring tool — drafted jointly by the teen, her community woman, and a program staff member — which specified for each participant the short- and long-term objectives in each area, as well as a variety of services and activities to facilitate her progress in attaining them. For example, under "Education," the IPP listed whether the teen would attend a regular or alternative school, a GED program, or would participate in some other kind of educational activity.

After the initial agreement, an IPP worksheet was compiled on a monthly basis, showing the activities in which the teen was scheduled to engage. The teen's participation, as specified on the worksheet, was monitored by staff and her community woman who, by virtue of her more frequent contact, played the lead role. The IPP was revised periodically to respond to new circumstances, achievements and needs.

The mandate initially handed down to the sponsoring agencies was that they should, insofar as possible, avoid duplication of services already available in the communities. Instead, they were to act as "brokers" — bringing together, coordinating and monitoring on behalf of participants those services already available in the

## CASE STUDY

**Peggy** is a 15-year-old mother of a six-month-old baby. She lives with her mother, stepfather and siblings. She has always been close to her mother, but she is hostile to her stepfather, and although her biological father lives nearby, Peggy has had limited contact with him over the years.

Peggy feels that she was never very successful in school. Following a history of truancy, she withdrew during her sophomore year when she became pregnant. Subsequently, she enrolled in a continuation school and Project Redirection and became committed to completing high school. She is worried, however, about what she considers her excessive home responsibilities that keep her from advancing at the pace she would like.

Peggy met her boyfriend when she was 13 and still continues to see him. Because she wants to both finish high school and maintain her relationship with her boyfriend, she is conscientious about taking birth control pills. Her association with Project Redirection has also enabled her to focus on long-term goals, and she has gradually come to believe that economic independence, even within the context of marriage, is important. At present, however, she has no specific career plans.

Peggy did not use birth control before she became pregnant, believing "it could not happen to me." She considered an abortion, which her mother also encouraged, but she said she could not raise enough money to pay for one.

Currently, Peggy's major problems center on her new conflict with her mother over control of her own life and that of her baby. They are in constant competition over taking care of the baby, and Peggy's mother also looks to undercut and stifle her relationship with the baby's father. For these reasons, Peggy is turning to Project Redirection for guidance and support.

community, while providing directly only the services necessary to fill in gaps. Brokerage could entail either referring teens to other agencies or inviting representatives of these agencies to deliver workshops at the Redirection sites.

### A Brokerage Model of Services

The brokerage model also made it possible to contain the direct cost of operating the program, which across the sites averaged $3,540 per participant, or $3,890 per service year, which represents the cost of maintaining a participant in the program for a full year. Approximately one-quarter of this sum defrayed the costs of stipends for teens and community women, while the remaining amount was used for program management (including planning, administering and reporting on the program) and for direct services to the participants. These service costs are partial in the sense that they reflect only costs borne by the sponsoring agency, not those of the outside agencies providing the brokered services.

While this brokerage model worked reasonably well for some services (medical care, for instance), two limitations became clear over time. First, appropriate employability services were more difficult to locate than had been anticipated, particularly for younger teens. The result was that more services had to be organized and provided directly by the programs.

School placements were the other difficult service area. While community resources were usually adequate to satisfy routine educational requirements, they fell short of meeting certain teens' needs. Some teens, for example, refused to return to public schools, but were too young to attend GED preparation. Others were slow learners who needed special assistance. Some spoke only limited English, and bilingual education was not available. Several sites consequently organized tutoring programs, and one even developed an on-site pre-GED class in conjunction with the public school system.

A second problem with a brokerage model is that, to ensure appropriate and high-quality

services, monitoring should occur in the outside agencies, and this is both difficult to arrange and time-consuming to carry out. For the most part, Redirection staff and community women had to rely on the teens' comments about how they were treated by the agencies to which they were referred. These comments and reports by outside observers suggest that, while some services were informative and engaged the teens' interest, others were not. On the whole, staff might have spent more time ensuring not only that teens participated in specific services, but also that these services were worthwhile.

## Patterns of Participation and Service Receipt

Several key questions in the interviews examined participants' responses to the specific activities offered in Project Redirection. To what extent did teens participate in the services prescribed by the program guidelines? How did they like the program; how long did they remain in it; and why did they leave?

Actually, it is useful to think of the teens' participation in program activities as having two separate phases. First, staff decided to schedule participants for certain activities; and second, teens — once scheduled — decided to participate. Scheduling decisions were dependent on several factors: the availability of the service in each community; each teen's needs and preferences; and the priority staff attached to alternative activities. Participation decisions reflected a different set of factors: what teens enjoyed; what they found useful; and what was convenient for them to attend.

At the outset of the demonstration, start-up problems caused some teens not to be scheduled for services until they had been in the program for several months. Moreover, the program sponsors tended to give priority to services with which they were most familiar. Because of the staffs' social services backgrounds and their difficulty in finding appropriate employment services, these activities were initially slighted.

Midway through the demonstration, more stringent guidelines were issued to ensure that all participants received what planners deemed an adequate level of services in every program area on an expeditious basis. Thus, for example, all teens were to be enrolled in an educational program within 60 days of program entry. They were to receive family planning services immediately on joining the program, or, if they were already pregnant, as soon as possible after delivery. More comprehensive scheduling and receipt of services was a priority goal.

Figure 1 shows how successfully this objective was achieved once the program reached full operational maturity. Each bar in the figure shows two performance measures: first, the proportion of participants ever scheduled for a given service; and then, the proportion of teens participating.

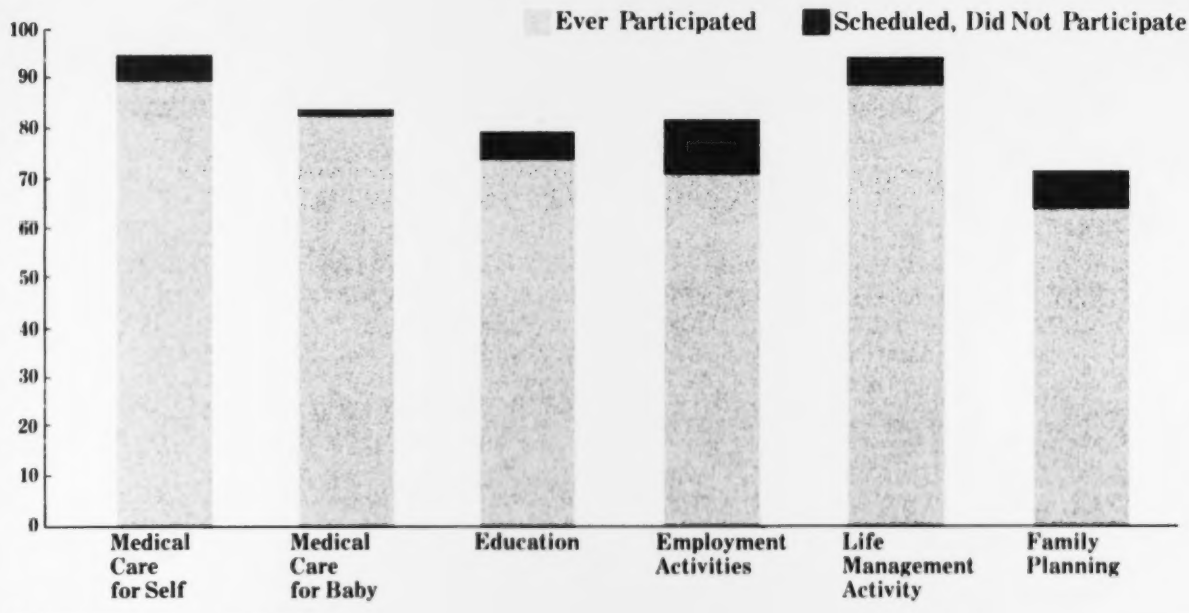
Of all program activities, staff attached the greatest importance to ensuring that teens — the vast majority of whom were already receiving medical care at program entry — continued to receive good care. Education was also a strong priority at all sites except in Boston, where staff felt that the public school system could not accommodate the needs of the Spanish-speaking group they had enrolled. Across all sites, 80 percent of the teens were scheduled for educational activities, and 74 percent attended at least some sessions.

It is important to note that teens generally preferred alternative schools over regular schools. Smaller classes and the more pertinent curricula offered many of the teens a fresh start, particularly since most associated regular classrooms with academic and personal failure. Counseling on educational options was also an important part of staff activities, and teens on average attended six such counseling sessions.

In general, staff believed that teens should finish high school before seeking full-time jobs. This reflected both their philosophical convictions and their awareness that employment opportunities for teenagers, especially high school dropouts, were limited. Activities related to employability therefore tended to focus on what teens would need to know about their future work lives, usually offered through individual vocational counseling, group workshops on possible careers, and how to get and

FIGURE 1

Scheduling and Use of Project Redirection Services




SOURCE: Branch et al., 1984, Table 5.1.

keep a job. Over 80 percent of program enrollees were scheduled for these activities, and about 70 percent received them. The sites also offered job placement assistance to interested teens, and about a fifth of all enrollees found employment, most often in summer jobs.

The Phoenix site developed the most comprehensive set of employability services of all the sites, having received funding from the State of Arizona to establish an employment and training component for young women, aged 17-19, many of whom could be Redirection enrollees. (Assignment to the component was used to reward good participation in other Redirection activities.) After a week-long introduction to the world of work and an assessment of skills and interests, teens were scheduled for an average of 20 weeks of full-time skills training at one of four training centers.

Indicative of staff members' backgrounds and the importance they attached to social and emotional growth is the fact that almost all teens were scheduled for and participated in life management activities. Over the course of their program tenure, participants on average received personal counseling eight times and attended more than 25 sessions on the proper care and feeding of their children. In contrast, they received only four sessions on family planning, delivered either by private physicians, hospitals or clinics — which also dispensed contraceptive materials — or by the program sponsors in a workshop. The message communicated, at least initially in the program workshops, was often indirect. Staff and community women at first were reluctant to confront teens on their sexuality and birth control practices, a very personal area of behavior.

Staff subsequently adopted a more forceful and direct stance, however, after a large number of repeat pregnancies were reported. Still, only some 70 percent of the enrollees were scheduled for sessions in which they were specifically

instructed on contraception and the place of sexuality in relationships, and fewer than two-thirds of all participants took part in such sessions. While these figures may understate the amount of informal instruction that took place in peer group sessions and conversations with community women, it is evident that staff should have developed a more comprehensive approach to the delivery of these services.

### Attendance in Scheduled Activities

While the statistics above are useful in determining the percentage of teens who received a service at least once, they do not convey the regularity (or lack thereof) with which teens attended scheduled activities. Attendance varied considerably by the type of activity; teens were, for example, extremely conscientious in keeping the medical appointments for which they or their children were scheduled. However, school absenteeism was a significant problem. Teens enrolled in both regular and alternative schools attended only about three-quarters of the time; among teens enrolled in GED programs, the attendance rate was just 50 percent. Similarly, teens went to their scheduled employability and certain life management sessions only about two-thirds of the time.

The picture of service receipt is therefore a mixed one. On the positive side, the majority of teens were scheduled for and received services in all the major areas. But, they did not always attend these services consistently, nor, as noted earlier, could the quality of these services always be assured.

On the whole, the teens liked Project Redirection. Eighty-nine percent of those interviewed as part of the impact analysis reported being either very or fairly satisfied with the program, and about half said that it had been helpful to them in many ways. Parenting education was perceived as the single most useful component, and was mentioned by about one-third of the teens questioned. Other services viewed by a sizable percentage as helpful included the community women, employability workshops, educational activities and personal counseling.

If teens valued Project Redirection and the services it provided, why did their participation tend to be sporadic? For one reason, there were predictable problems such as illness, scheduling conflicts and inadequate public transportation in some sites. For another, like other low-income mothers, teens in Project Redirection had few external resources to fall back on if their babies became sick or child-care arrangements fell through.

In addition, Project Redirection sought to play a major role in teenagers' lives. The program required a good deal of participants at a time when they were making the radical adjustment from adolescence to an adult status and new or impending motherhood. The benefits of the program — frequent interaction with caring adults and improved access to services — could be greatest for teens with the fewest social supports, but so, too, could the burdens that participation placed on them. Finally, the seriousness of the problems some teens brought to the program — family and housing crises, physical abuse — cannot be understated.

A reasonable conclusion is that teens, facing numerous demands on their time and emotional energies, tended to use the program on an as-needed basis. They participated in activities and interacted with staff and community women for as long as they found these services and relationships enjoyable and helpful, and as long as their complicated life circumstances permitted.

Findings on length of stay are also informative. At the outset, no limits were placed on the length of time teens could remain in Project Redirection. Because program planners worried that this policy would produce long-term dependency on the program and staff — and in order, too, to serve a greater number of youths — a maximum time limit of 18 months was imposed. Teens also were to leave the program when they reached age 19, or at the point at which they received a high school or equivalency diploma. Although most teens were unaffected by these rulings (the average tenure in the program was 11.6 months, and about one-quarter of the enrollees left within six months), about 11 percent were required to leave for these reasons.

Aside from the mandatory exit criteria noted above, the reasons for departure of the 637 teens who were no longer in the program by

December 31, 1982 were varied and occurred either at the teens' or the staffs' instigation: failure to meet program requirements (39 percent); loss of contact (14 percent); a determination that the teen no longer needed the program (11 percent); dissatisfaction with the program (4 percent); and miscellaneous other reasons. But these nominal reasons often do not get at the underlying causes. For example, family crises could lead teens to drift away and be terminated for loss of contact or failure to meet the requirements. And, while most community women and staff members tried to reach out to teens in such crises, this was not always the case. When they did so, their efforts were often fruitless, sometimes because the teens simply could not be located.

In summary, in considering the implementation of Project Redirection, it is impossible to escape the basic fact that the participants were highly disadvantaged teens, whose lives had been scarred by poverty as well as by premature parenthood. These young people had limited visions of what they could achieve and limited resources for reaching their goals. Project Redirection sought to inspire them and to assist them in making productive use of the services in order to effect lasting behavioral change. The program's ability to achieve these objectives is considered below.

# The Impact Analysis

## Research Methodology

To assess the longer-term program effects on teens who enrolled in Project Redirection, the demonstration included a rigorous impact analysis designed to avoid some of the shortcomings of other evaluations of teen parent programs. Typical among these limitations are small samples, the lack of a comparison group to estimate what the experiences of teens would have been without the program, and the failure to track participants after their departure from the program. The Redirection impact analysis, in contrast, is based on interviews with 305 program participants ("experimental teens") and 370 "comparison teens," conducted at three points in time: a "baseline" point when teens were enrolled either in Project Redirection or the comparison group sample, and then 12 and 24 months later.[10] By the final or 24-month interview, virtually all experimental teens had ended their tenure in the program.

The intent of the impact evaluation was to compare teens who participated in Redirection with a group of teens similar in all respects except for the receipt of extensive, coordinated services. The preferred approach would have been an experimental design, wherein applicants are randomly assigned to either the program or to a control group. This method was not considered feasible, however, primarily because it appeared unlikely that the sites could recruit, in the time available, a sufficient number of teens to meet minimum quotas for both the participant and control group samples. While there was no shortage of pregnant and parenting adolescents, the limited geographical area that each program could realistically serve, in combination with the demonstration's eligibility criteria, restricted the number of potential applicants.

As an alternative, the study adopted a quasi-experimental design in which the comparison group consisted of teens who met the Redirection eligibility requirements but lived in cities not offering the Redirection program. The cities (or areas within cities) selected for comparison were similar to those in which Redirection operated on a variety of socioeconomic and geographic indicators, and in the availability of services for the target group, at least at the time that the comparison cities were chosen. Thus, Hartford, Connecticut was paired with Boston; Bedford-Stuyvesant, in New York City with Harlem; San Antonio, Texas with Phoenix; and Fresno, California with Riverside.

This strategy yielded a fairly close match between the experimental and comparison groups on a host of background characteristics. While some differences were observed, these were statistically controlled in order to avoid biases in the impact results. Despite this, one fairly large baseline difference is important in interpreting the impact findings: nearly two-thirds of the comparison teens were enrolled in school or an educational program at the beginning of the study, compared to fewer than half of the experimental teens.

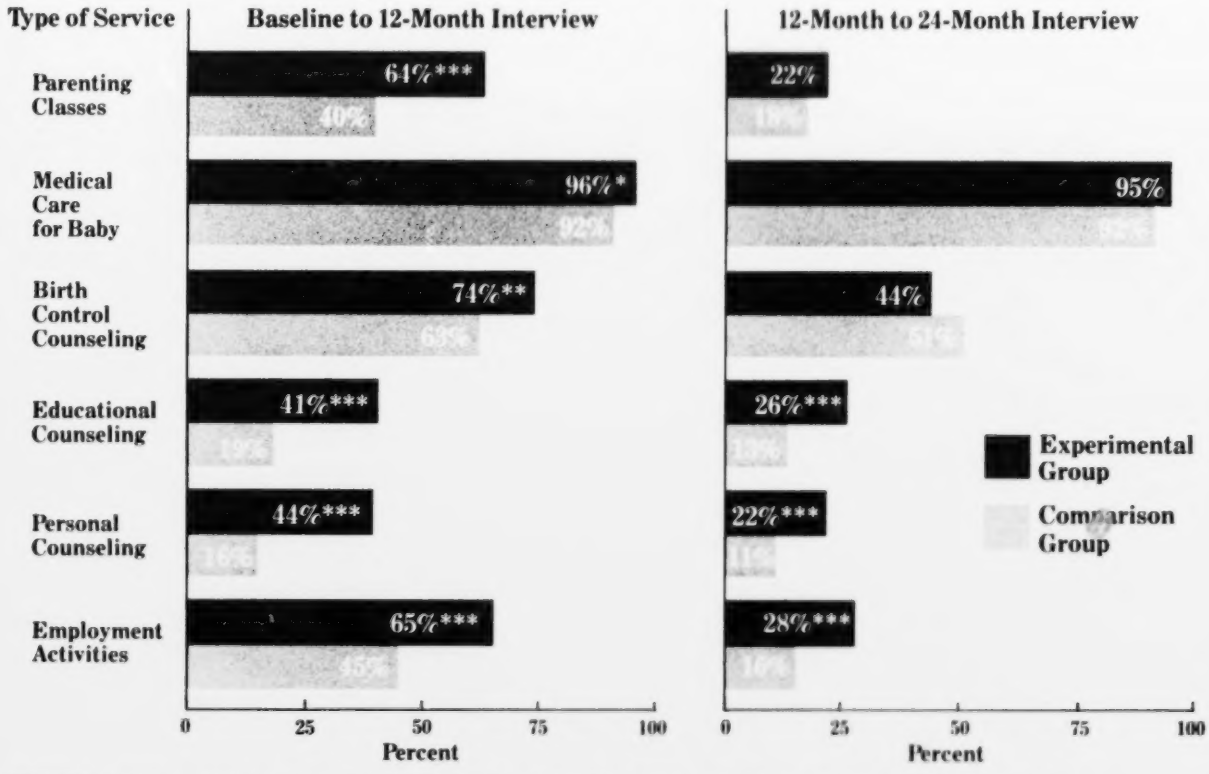
The impact analysis did take this factor into account and statistically controlled for the difference in school enrollment. However, various characteristics often associated with being in school (such as higher motivation or fewer situational obstacles to school enrollment) could not be directly measured and thus could not be controlled. As a result, it is possible that the comparison teens were a more advantaged group than the experimental teens from the very start of the program. Therefore, the results of this study may underestimate the actual effectiveness of Project Redirection.

A second, and perhaps more important, analytical concern is that the comparison teens received many more services than had been anticipated. For example, 43 percent of these teens were enrolled in a special teen parent program after their entry into the research sample and during Redirection's first operational period. As Figure 2 shows, in the first year, 40 percent of the comparison group were attending parenting classes, 92 percent had received medical care for their babies, 63 percent had received birth control counseling, and 45 percent had taken part in employment-related activities. Many comparison teens also received these services between the 12- and 24-month interviews, or the second year of Redirection's operations.

In part, this relatively high level of service receipt may have resulted from the nationwide increase in services for pregnant and parenting adolescents, a growth that occurred over the course of the demonstration as concern mounted

## FIGURE 2

Percentage of Experimental and Comparison Group Members Receiving Selected Services Since Program Start-Up




SOURCE: Impact analysis interviews with experimental and comparison group teens at 12 and 24 months after program start-up.

NOTES: *Denotes statistical significance at the .05 level; **at the .01 level; and ***at the .001 level.

over the high rates of adolescent pregnancy. Also, many of these comparison group teens apparently had longer contact than expected with the agencies from which they were recruited. It is, however, notable that their receipt of services approached or exceeded the levels of service receipt among teens in programs funded by the Office of Adolescent Pregnancy Programs in the U.S. Department of Health and Human Services.[11]

Nonetheless, while the comparison teens were not an unserved group, Figure 2 shows that experimental teens maintained an advantage in the amount of services they received, particularly through the 12-month interview, which covers the period when most experimentals were still taking part in Project Redirection. That advantage continued at a substantially reduced level during the second year of follow-up, but only among experimental teens enrolled in Project Redirection for longer than one year. Together these data suggest that departure from the program was associated with a sharp decline in service receipt; indeed, teens no longer in the program showed a pattern of service utilization fairly similar to that of comparison teens.

These findings place an important constraint on interpretation of the impact evaluation. They mean that the results do not show the effectiveness of Project Redirection compared to what would have occurred in the absence of services; instead, the results only indicate the incremental effects of Project Redirection over and above an alternative array of services: that is, the various services received by members of the comparison group. In fact, the evaluation only assesses the effects of a program in which service receipt was somewhat higher (while Redirection participants were still in the program) and supported by a certain level of counseling and coordination, provided by program staff and community women.

## Impact Results: The Full Sample

The results of the impact analysis are mixed, but disappointing. On the positive side, the 12-month findings show that experimental teens achieved better outcomes than the comparison group in both education and employment and displayed a lower rate of subsequent pregnancy. These findings were observed for numerous subgroups as well as for the sample as a whole. However, with the exception of a few outcome areas in several important subgroups, these benefits proved to be largely transitory: By 24 months after baseline, most had disappeared.

**Family Planning Results.** Table 2, which summarizes the main findings for the full sample, shows that Redirection teens were significantly less likely than comparison teens to have had a repeat pregnancy within 12 months of enrolling in the program (14 percent versus 22 percent). However, by the 24-month follow-up, the rate of repeat pregnancy had climbed dramatically in both groups (to 45 percent and 49 percent, respectively). The difference between the two rates was no longer statistically significant.

Because many other studies calculate repeat pregnancy rates relative to the termination date of a previous pregnancy, similar computations were made for this study. Using this method, the same general story emerges: Significantly fewer experimental teens had a repeat pregnancy 12 months postpartum (15 percent versus 25 percent), but the group difference became statistically insignificant by 24 months postpartum (47 percent versus 52 percent).

This pattern is mirrored in the area of contraception. According to the 12-month findings, experimental teens were more likely than comparison teens to have used contraceptives during their most recent intercourse. This was no longer true by the end of the study. At that point, the same proportion in each group — 54 percent — reported using birth control during their most recent intercourse. In other words, the comparison group rate had improved since the 12-month interview, but the experimental group rate had not changed.

On a 16-item test of birth control knowledge, the experimental group scored somewhat higher than the comparison group at both follow-up interviews. But, as the data on contraception and repeat pregnancy imply, these small gains in knowledge did not improve the actual practice of birth control over the longer run.

There were no significant differences between the two groups in the rates of abortion or mis-

carriage. For the sample as a whole, only 7 percent of the teens reported having had an abortion during the follow-up period, and 5 percent reported a miscarriage. It is important to caution, however, that teens may have underreported these incidents.

## The Teens' Birth Control Practices

While it is possible that contraception and birth control knowledge were better for both research groups than what would have occurred in the absence of any services at all, the fact that almost half of the teens in both groups became pregnant again during the study period is by itself a troubling finding. Although the reasons for the outcome are not entirely certain, the research supports a number of useful insights.

It is doubtful, for example, that teens who became pregnant again actively sought to do so. At baseline, a majority of teens indicated that, while they eventually wanted another child, they generally wanted to delay childbearing by an average of five years. Given that roughly half of the sample had a subsequent pregnancy within two years of enrollment, it seems likely that most of these repeat pregnancies were unintended.

It is also doubtful that these pregnancies were due to a lack of knowledge about the available means to control pregnancy. By the final interview, almost 90 percent of the teens in the sample said they had previously used some kind of birth control method, and over 80 percent had taken oral contraceptives. Yet, in that same interview, over half admitted that they had failed to protect themselves during their last intercourse.

Although the teens were quite aware of the availability of birth control, the quality of their contraceptive knowledge is less certain. In the impact study, teens on average answered one-third of the questions on the birth control knowledge test incorrectly. Moreover, the ethnographic study found that teens often underestimated the chances of becoming pregnant under varying circumstances, and held numerous erroneous beliefs about the adverse health risks associated with oral contraception.

Infrequent intercourse is also not a likely explanation of inconsistent contraception within this sample. By the final interview, nearly four-fifths of the teens in each group reported having had sexual intercourse within the previous three months. Among these teens, 69 percent reported having had intercourse at least once a week.

Whatever accounts for the high rates of repeat pregnancy, one conclusion from this study is inescapable: While both the experimental and comparison groups may have benefited from the services they received (compared to an absence of services), there is much room for improvement. The services available to Redirection participants were clearly not sufficient to overcome the circumstances in the lives of many of these teens, and these life circumstances probably continued to contribute to their poor habits of contraception.

**Education Results.** As in the childbearing area, Project Redirection teens had significantly better educational outcomes than comparison teens in the short run. At the 12-month point, 56 percent of the experimental teens were either in school or a GED program, or had completed their basic education, while the same was true for only 49 percent of the comparison teens. Experimental teens were also more likely to have been enrolled in school or an educational program between Redirection entry and the first follow-up interview, and 44 percent had spent a full extra semester in school relative to the comparison group.

Despite these accomplishments, the most important experimental-comparison differences had dissipated by the 24-month interview. While the experimental group sustained an advantage in terms of the percent ever enrolled in school or a GED program — and in the average number of semesters enrolled — the same proportion of each group (43 percent) was currently in school or had either completed it or a GED program at the time of the final interview.

**Employment Results.** Only a small percentage of each group was employed at the time of the

12-month interview, which is not surprising, given that the average age of teens was only 17 at that time. The difference between the experimental and comparison groups was not significant. Project Redirection did, however, lead to more job experience over the year. For example, 49 percent of the experimentals versus 38 percent of the comparison teens had worked for pay at some point after enrollment (usually summer or part-time work), and the experimental group had held more of these jobs than the comparison group.

At the end of the study, the proportion of teens working (15 percent) was not significantly different between groups, as was true at 12 months. But, the experimental group maintained its advantage (at a reduced level) in cumulative employment experience. By the final interview, 61 percent had held at least one paying job versus 54 percent of the comparison group.

TABLE 2

Selected Impacts of Project Redirection at 12 and 24 Months Post-Baseline

| Outcome Variables | Project Redirection Teens | Comparison Teens | Difference |
|---|---|---|---|
| **Family Planning** | | | |
| Percent with Subsequent Pregnancy at 12 Months | 14 | 22 | −8* |
| Percent with Subsequent Pregnancy at 24 Months | 45 | 49 | −4 |
| Percent Using Contraceptive at Last Intercourse at 12 Months | 54 | 45 | 9* |
| Percent Using Contraceptive at Last Intercourse at 24 Months | | | |
| **Education** | | | |
| Percent in School/Completed, 12 Months | 56 | 49 | 7* |
| Percent in School/Completed, 24 Months | 43 | 43 | 0 |
| Percent Ever Enrolled in School Baseline to 12-Month Interview | 75 | 51 | 24*** |
| Percent Ever Enrolled in School Baseline to 24-Month Interview | 87 | 71 | 16** |
| **Employment** | | | |
| Percent Employed at 12 Months | 14 | 12 | 2 |
| Percent Employed at 24 Months | 15 | 15 | 0 |
| Percent Ever Employed, Baseline to 12-Month Interview | 49 | 38 | 11** |
| Percent Ever Employed, Baseline to 24-Month Interview | 61 | 54 | 7+ |
| **Education and Employment** | | | |
| Percent Either in School/Completed *or* Employed at 24 Months | 51 | 48 | 3 |
| Percent Either in School/Completed *or* Employed/Looking for Work at 24 Months | 74 | 65 | 9** |

SOURCE: Polit et al. 1985, Table 1.

NOTES: + Denotes statistical significance at the .10 level; * at the .05 level; **at the .01 level; and ***at the .001 level.

Employment, however, is not necessarily a more beneficial status than being in school or a GED program if teens have not completed their basic education. On the other hand, it is better either to be in the labor force (that is, holding or seeking a job) *or* to be in an educational program or a high school graduate than to fall into none of these categories.

The impact analysis thus examined schooling and labor force participation simultaneously, defining either such status as positive. The results show that at 24 months after program entry, Redirection teens were more likely to be in a positive activity (74 percent versus 65 percent) than comparison teens. However, the difference is largely attributable to the higher percentage of experimental teens looking for work. When only actual employment is considered in association with education, the two groups are similar at the end of the study.

Other Outcome Variables. Additional outcomes measured include the teens' knowledge and attitudes about employment and job-seeking, and their self-esteem and sense of personal efficacy. In several of these areas, the experimental group had somewhat higher scores than the comparison group after 24 months, and the differences, although not large, were statistically significant. For example, experimental teens knew more about completing a job application and understanding a want ad. Redirection teens also showed somewhat higher gains in self-esteem and in the belief that they could control their own lives.

The impact analysis also examined changes in the receipt of welfare, although major effects

## CASE STUDY

**Barbara** is an outgoing young woman whose baby was born when she was 17. Barbara and her siblings were raised by her mother. The family is welfare-dependent, and some of the males deal in drugs or gamble to supplement welfare. Early in her high school years, Barbara met Jim, an older man who became her first sexual partner. He pressured her for sex, and, believing she was in love with him, she agreed. They maintained a steady relationship for three years, during which time Barbara moved out of her mother's house and into Jim's apartment.

Although her mother told her about birth control when she was 13, Barbara did not think she would really become pregnant and did not use it. She commented that "Pregnancy was the last thing on my mind." When she became pregnant, her boyfriend and her mother encouraged her to have an abortion, and Barbara now says that she, too, wanted one, but no one saw it through with her. Nevertheless, Jim provided financial and emotional support during the pregnancy, and Barbara continued to live with him.

During this time and after delivery, Barbara kept up an active actual sexual relationship with Jim and received birth control pills with appropriate instructions. She took the pills only irregularly, however. She said she either forgot or was not "home on a regular basis." As a result, she became pregnant again, but this time, the pregnancy was aborted.

Subsequently, Jim became involved with another woman, and he and Barbara broke up. Barbara returned to live with her mother. Jim continues to provide financial support, largely, according to Barbara, because of her "threats" to terminate his relationship with the child, for whom she now has sole responsibility. This does not present a scheduling problem because she neither works nor attends school, having dropped out when she became pregnant after a history of truancy.

Barbara's employment experience is also quite limited, consisting of brief spells of work at a few local stores. However, she has recently become anxious to set up her own household, and realizes that to do so she must seek employment. Yet, she has shown little initiative either to develop some skills or take up her education, and her record of participation in Project Redirection has been erratic. She sees her chief hope in re-establishing her relationship with Jim, whom she believes could give her financial security and emotional comfort.

were not expected to occur within the time-frame of the study. By the final interview, the proportion of teens receiving their own AFDC grant was, in fact, similar for the two groups — roughly 60 percent.

Health outcomes were an additional concern of the impact analysis, but no significant differences were observed. Teens from both groups were found to be receiving a high level of medical attention. For example, among teens who were pregnant at enrollment, the overwhelming majority (93 percent) reported having received prenatal care at least five times. The average birthweight of infants born to these teens was just under seven pounds.

The experiences of teens who had delivered prior to the start of the demonstration were somewhat worse: 15 percent of the babies born to that group were of low birthweight (under five and one-half pounds). In general, however, few teens in the research sample reported major long-term health problems for their infants or for themselves.

Explaining the Decline in Impacts. It is not clear why many of the incremental impacts observed for the full sample at the 12-month point were not sustained, but the subsequent decline appears to be strongly linked with the experimental teens' departure from Project Redirection. As noted earlier, because the average length of stay in the program was almost a year, the 12-month outcomes reflect the achievements of Redirection participants while they were still enrolled in the program. During this time, the experimental group received substantially more services than the comparison group.

In contrast, the 24-month outcomes reflect the experiences of the experimental teens after they had been out of the program for an average of one year. In this period, the difference in service receipt between the two groups was less pronounced. Thus, the decline in impacts between the 12- and 24-month interviews coincides with — and may have been caused by — the reduction in service receipt for the Redirection teens (as compared to their advantage over the comparison group at 12 months), and the termination of the extra support and the coordination of services provided by program staff and community women. It appears — unfortunately — that Project Redirection did not manage to improve teens' ability to obtain needed services once they had left the program.

## Longer-Term Subgroup Results

While the experimental group — taken as a whole — did not have better 24-month results than the comparison group on the most important outcome measures, incremental impacts were sustained for certain subgroups. It is important to note, however, that in no subgroup did experimental teens perform better than comparison teens across all of the outcome measures that Project Redirection sought to affect. (See Table 3.)

Among teens who were school dropouts at enrollment, the program produced significant educational differences. More Redirection participants than comparison teens had obtained a high school diploma or a GED certificate by the end of the study. This is a notable achievement in light of the fact that so few programs for disadvantaged youths have demonstrated success in getting school dropouts to return to school and complete it.

Another subgroup for whom lasting program impacts were observed is composed of teens who became pregnant again during the study period. Typically, a repeat pregnancy becomes an additional impediment to educational achievement. Indeed, this was true for this study's comparison group, where teens with a repeat pregnancy were half as likely to complete school as those who avoided another pregnancy (12 percent versus 24 percent).

Project Redirection helped to break this pattern. Among teens in the full research sample who did undergo a repeat pregnancy, the experimental group was significantly more likely to have completed school by the final interview than the comparison group (20 percent versus 12 percent). Moreover, experimental teens were almost equally likely to finish their schooling

whether or not they became pregnant again (20 percent versus 22 percent). Thus, Project Redirection appears to have lessened the negative educational effects that tend to accompany additional childbearing among teenage mothers.

Teens who stayed longest in Project Redirection — that is, for 12 months or longer — also had more favorable educational outcomes relative to comparison teens. For example, 26 percent of the longer-term Redirection enrollees and 20 percent of the comparison teens had completed school by the 24-month interview. However, teens who stayed in the program longer may have been more motivated or more capable individuals to begin with, or they may have

**TABLE 3**

**Selected Subgroup Results at 24 Months Post-Baseline**

| Subgroups and Outcome Variables | Percent of Teens | | |
|---|---|---|---|
| | Project Redirection Teens | Comparison Teens | Difference |
| **Teens Out of School at Baseline** | | | |
| Had a Repeat Pregnancy | 56 | 58 | −2 |
| Completed School/GED | 20 | 11 | 9* |
| Employed | 16 | 11 | 5 |
| In School/Completed or Employed | 36 | 25 | 11* |
| **Teens with a Repeat Pregnancy** | | | |
| Completed School/GED | 20 | 12 | 8+ |
| Employed | 10 | 6 | 4 |
| In School/Completed or Employed | 44 | 34 | 10* |
| **Teens in Redirection 12 Months or Longer** | | | |
| Completed School/GED | 26 | 20 | 6+ |
| Employed | 17 | 15 | 2 |
| In School/Completed or Employed | 57 | 48 | 9* |
| **Teens in AFDC Household, Baseline** | | | |
| Had a Repeat Pregnancy | 44 | 52 | −8 |
| Completed School/GED | 19 | 17 | 2 |
| Employed | 16 | 10 | 6* |
| In School/Completed or Employed | 48 | 44 | 4 |
| **Phoenix/San Antonio Teens** | | | |
| Had a Repeat Pregnancy | 50 | 50 | 0 |
| Completed School/GED | 20 | 20 | 0 |
| Employed | 18 | 5 | 13+ |
| In School/Completed or Employed | 50 | 54 | −4 |
| **Puerto Rican Teens** | | | |
| Had a Repeat Pregnancy | 42 | 63 | −21+ |
| Completed School/GED | 13 | 10 | 3 |
| Employed | 13 | 5 | 8 |
| In School/Completed or Employed | 34 | 19 | 15+ |

SOURCE: Polit et al., 1985, Tables 2, 4.6, 5.6, 6.4, 6.6, 6.8.

NOTES: + Denotes statistical significance at the .10 level; *at the .05 level.

faced fewer situational obstacles. Because such unmeasured differences could not be statistically controlled, impacts for this group may have resulted from factors other than sustained program services. This finding must therefore be treated cautiously.

An employment effect was observed for the larger subgroup of teens who were living in an AFDC household at enrollment. More experimental than comparison teens were working at the time of the final interview. A similar employment impact was achieved for teens in the Phoenix/San Antonio subgroup. Experimentals at the Phoenix site were more likely than comparison group teens in San Antonio to be employed at the end of the study. In part, this may be due to the Phoenix program's special emphasis on employment-related activities.

### Important Subgroup Findings

Finally, Puerto Rican teens in the experimental group were significantly less likely to have had a repeat pregnancy by the 24-month interview than those in the comparison group. But, because nearly all Puerto Ricans in the research sample were either in the Boston Redirection or the Hartford comparison sites, it is not possible to say whether this represents an ethnic group effect, a site effect, or both.

One broad and important finding can be drawn from the subgroup analyses. It appears that the teens in the subgroups just discussed — those who were out of school at enrollment, living in an AFDC household at that time, had a repeat pregnancy during the study period, or were Puerto Rican and from the Boston site (teens who also tended to have more serious personal and situational difficulties, including a limited knowledge of English) — faced greater obstacles to self-sufficiency than did teens who did not share these characteristics. Thus, while impacts were not observed for all outcome areas within these subgroups, the pattern of results suggests that Project Redirection had some of its strongest effects on teens who, from several perspectives, could be defined as being "more disadvantaged" at the outset of the study.

## Future Directions

In considering the Project Redirection experience, it is important to keep in mind that the finding of few sustained program impacts is as important in what it does *not* tell us as in what it does say. For one, to echo the cautionary note of the last section, the finding does *not* suggest that the program did not work at all. The impact analysis did not compare participants in Project Redirection with a no-treatment group, and, therefore, the analysis speaks only to the relative effectiveness of two different levels of treatment. In this respect, Project Redirection's enhanced service package turned out to be at best marginally effective for the overall sample of participants. While members of both the Redirection and comparison groups might have fared considerably worse if they had received no services at all, this study did not address that question.

It is also difficult to draw firm conclusions because the impact research did not use an experimental design — that is, eligible teens were not assigned to Project Redirection or to the comparison group on a random basis. In retrospect, this decision still appears to have been the correct one, given the relatively small number of eligible young people who could have been enrolled into the research sample in a short time. Moreover, had random assignment been instituted, control group members might still have received more services than initially anticipated.

Random assignment would have, however, alleviated the concern raised by the present research design that members of the comparison group may have been more motivated, or had fewer situational problems than Redirection participants, and that the research results may therefore understate the program's effectiveness. This suggests that program operators and evaluators need to give careful thought to the trade-offs associated with a particular research strategy. Certainly, an experimental design is strongly preferable whenever it can be adopted.

The deficiencies of the research design notwithstanding, the absolute levels of the outcomes experienced by Redirection participants — the fact that at 24 months after program enrollment almost half of the members of the experimental group had a repeat pregnancy, and 40 percent were neither in school nor employed — are disheartening. While Project Redirection did seem to produce sustained positive effects in at least some outcome areas for some subgroups — that is, for those teens who were exceptionally disadvantaged and those who remained longer in the program — the intervention was not enough to counter the long-term disadvantages that most enrollees confronted.

## A Call for More Program Study

The preceding sections have pointed to a number of lessons for strengthening Project Redirection, or, for that matter, for structuring any program for young mothers, and these are considered below. However, the complexity of the problems these young women face — especially when their lives are further complicated by premature parenthood — and the extent of the effort required to overcome these problems, suggest that human services officials and program operators should give strong support to efforts aimed at the prevention of first pregnancies to teens.

A number of promising interventions in this area have already been implemented. These include comprehensive service programs for young teens (both boys and girls); adolescent health clinics, either based in or otherwise closely linked to the public schools; and new curricula for family life education. But, there is little information available to policymakers about the operational feasibility of these initiatives — on what scale they can be operated; on what their costs are; on what kinds of interagency relationships are involved — and little available about their effectiveness in achieving goals. Clearly these initiatives and others with similar aims merit close scrutiny and careful testing.

A number of experts in the field have suggested that the educational system plays a crucial role in shaping students' perceptions of themselves and in expanding or contracting their sense of their future options. Improving the teens' school settings and educational attainment through all the means possible — including reforms in the public schools and the provision of more alternative schools and special programs — should be a high priority for people seeking to assist this group.

But, even if strategies aimed at primary prevention were intensive, and even if schools were more responsive, some young women would become pregnant and some of them would carry their pregnancies to term. While the dimensions of the teenage childbearing problem might be reduced, the problem itself is not likely to disappear. What then, can be done to make programs like Project Redirection more effective? In order to answer that question, it is helpful to look again at teens' attitudes and behaviors in the areas of family planning and schooling.

Most of the Project Redirection participants who experienced repeat pregnancies did not intend to become pregnant again so quickly. All were also aware that various birth control methods were available to them. Their failure to become effective users of contraception is due to two factors: lack of knowledge and a lack of motivation.

Many teens, for example, were convinced that "the pill causes cancer" or were otherwise likely to overestimate the health risks associated with oral contraception. These beliefs sometimes affected their practice of contraception. For example, in Project Redirection, participants would typically begin taking birth control pills shortly after childbirth, but would be quick to discontinue their use if problems developed. Once having suspended use of the pill, teens were slow to replace them with another method, and some never did.

The ethnographic study suggests that the motivation of Redirection teens to use birth control regularly could be strongly influenced by others in their lives. While they were usually sexually active only when they considered themselves to be having a significant relationship with a boy-

## CASE STUDY

**Linda** is 15 years old and the mother of an eight-month-old baby. She lives with her mother, stepfather and siblings in a stable family situation. Her mother and her stepfather have been together for 15 years, and her stepfather had a steady job for years until an illness forced him to retire. He now does odd jobs such as welding and carpentry, and Linda's mother supplements the family income in other ways.

Linda became pregnant after having gone steady for a year and a half. Linda did not plan the pregnancy, but she also did not use birth control, believing that "it takes a virgin a long time to get pregnant." During the pregnancy, Linda's family and the father of the baby were very supportive. Although the father is only a sophomore in high school, he has consistently offered help.

Linda was enrolled in a teen pregnancy school program when she entered Project Redirection, but when the baby was born, she and her mother agreed that she should stay home for at least three months to care for the child. Linda's mother now encourages her use of birth control; Project Redirection has also been helpful to Linda in many ways as she plans for her future.

At present, Linda is enrolled in a continuing education program, which allows scheduling flexibility. Linda wants to remain in school, and her mother is supportive of this goal, offering child care whenever possible. Linda and her boyfriend still discuss plans for marriage after high school, although lately Linda has begun to resent his possessiveness. Linda envisions a job for herself as a secretary after she earns her high school diploma.

friend, teens were extremely susceptible to their boyfriends' opinions about what methods of contraception — if any — to use. A teen's decision about contraception could change if she became involved with a new boyfriend. For example, if previously she had routinely practiced birth control, her motivation to do so might be considerably reduced if her new boyfriend was less supportive of those efforts.

A major lesson of the program, therefore, is that the family planning message must be promoted strongly and continuously by program staff. The fairly "low-key" approach taken by the Redirection sites during much of the demonstration period appears to have been insufficient. Regular sessions on the topic should help to correct perceptions of pregnancy risks and the effects and effectiveness of various contraceptive methods. Such sessions should also move beyond the anatomy and physiology of sex and reproduction to discuss where sexuality and childbearing fit into romantic relationships and longer-term plans. If professional staff and/or volunteers feel embarrassed or shy about taking on this subject, then training should be provided to enable them to handle such discussions more comfortably.

### Shaping Teens' Views of the Future

Nonetheless, the efforts of programs to foster better contraceptive practices may be of little avail if the teens cannot be persuaded to "invest in their own futures" before expanding their families. And this is likely to be the case if the young women cannot envision in concrete terms a future that is both desirable and attainable — a future that would, moreover, be jeopardized by the birth of another child. Teens in Project Redirection had an image of "the good life" that probably differed little from that of many of their more advantaged peers; that image included a job, a nice home, and (in the long- although not usually the short-term) a loving husband.

The program repeatedly emphasized that finishing school was essential in order to obtain a good job. But for many teens, childbearing was a more immediately positive experience than going to school. While most teens in the study did not actively seek an early repeat pregnancy, their minimal use of abortion or adoption, their expressed love for their children, and their enthusiastic response to Redirection's parenting classes are evidence that the teens derived

many emotional rewards from parenthood. Their babies gave them "someone to love" and added meaning and purpose to their often troubled lives.

In contrast, many teens had consistently failed in the classroom and were understandably not enthusiastic about returning to regular public schools. Yet their choices were largely confined to the few alternative educational facilities available in the communities in which they lived. Intensive remedial education, perhaps entailing self-paced instruction, might have allowed more teens to experience success with the learning process, but this option was usually not there.

Employability-oriented activities were intended to widen teens' perceptions of possible careers as well as to impart specific job-seeking skills. But the sites quickly discovered that few organizations offered services that were appropriate for young teens. Instead, the program sponsors themselves had to organize such activities, too often on a catch-as-catch-can basis.

### Project Redirection's Many Lessons

Another important lesson, therefore, is that if a program chooses to rely on a brokerage model, the quantity and quality of the services will depend in large part on what is available in the community. The Redirection experience suggests that, while the brokerage approach made sense from the standpoints of administration and cost control, it did not respond adequately to the needs of enrollees, especially the younger teens. Programs considering the different modalities of service delivery should thoroughly examine the options available in their communities. If they choose to broker the services, they should be prepared to back up these services with alternative or ancillary ones. Delivering services directly, while perhaps a more costly strategy, enables staff to monitor more easily both the quality of these services and teens' participation in them.

The issue is not so much the intensity of services — if intensity is thought of as synonymous with frequency — as the appropriateness of the services for those receiving them. The implementation analysis suggests that there is a limit beyond which teens cannot be expected to participate more often. To some extent, this limit can be stretched by scheduling activities that participants find enjoyable and helpful. But teens have competing demands on their time, and it may be unrealistic to expect that many will want to take part in after-school activities more than a few times a week.

At the same time, the data indicate that teens who remained longer in the program did better than those with shorter program tenures. Interpretation of this result, as noted previously, is beclouded by the possibility that teens who stayed longer may have been more motivated or may have faced fewer barriers to participation; that these factors, rather than program tenure *per se*, may account for their favorable outcomes. Yet it is important to remember that people are not endowed with a fixed and immutable quantity of motivation. Rather, motivation to do something is enhanced if previous efforts to do it have proved successful and rewarding. Thus, those teens who remained longest in Redirection may have done so because they were the ones who found the program most satisfying and beneficial.

This suggests a third lesson: that programs should try to hold onto participants for as long as the teens feel that they need or want services. This means eliminating rules about maximum length of stay. Most Project Redirection enrollees were, as mentioned above, unaffected by the 18-month limit imposed by the program, since the average length of stay was just under a year. But, the elimination of such rules is unlikely to cost very much, and it would be a clear expression of a program's commitment to the well-being of the teens for more than a relatively short period of time.

It may also be possible to build in incentives to reward longer-term participants, such as larger stipends, prizes or awards. Finally, programs should, insofar as possible, be aggressive about maintaining contact with those who leave. Former participants could be encouraged to

come in for periodic or crisis counseling and for referrals to other services.

A fourth, and more tentative, lesson is that young mothers may require a different mix of activities than their somewhat older counterparts, and that the organizations that serve one group may not be equally well-suited to serving another. For younger teens, Project Redirection's emphasis on high school or GED completion was probably appropriate, given the participants' youth and their limited employment prospects. For older teens (those, say, 17 and over) and mothers in their 20s as well, an employment-oriented program involving them in work experience or training is probably more in line with their interests and needs. Work-related activities for this group should, however, probably be complemented by remedial education, family planning, life management and support services, maybe including mentor figures.

Finally, Project Redirection teaches program planners and operators to be modest in their expectations about what can be achieved. Working with teenage mothers and mothers-to-be, especially those handicapped by poverty, is an exceptionally difficult task. The odds faced by programs trying to assist these teens are not insurmountable, however, and this discussion has suggested several ways to improve such programs. Still, the magnitude of the challenge suggests that concerned officials and program operators should at this point keep an open mind and explore a variety of strategies — both those involving primary prevention of adolescent pregnancy and those that, like Project Redirection, attempt to deal with its difficult consequences.

## Footnotes

1. A total of six research reports on Project Redirection have been published. These are listed at the conclusion of the monograph. However, the information in this document draws heavily on three of these: Branch, Alvia; Riccio, James; and Quint, Janet. *Building Self-Sufficiency in Pregnant and Parenting Teens: Final Implementation Report of Project Redirection.* New York: MDRC, 1984; Levy, Sydelle Brooks; with Grinker, William J. *Choices and Life Circumstances: An Ethnographic Study of Project Redirection Teens.* New York: MDRC, 1983; Polit, Denise F.; Kahn, Janet R.; and Stevens, David W. *Final Impacts from Project Redirection: A Program for Pregnant and Parenting Teens.* New York: MDRC, 1985.
2. Alan Guttmacher Institute (AGI). "U.S. and Cross-National Trends in Teenage Sexual and Fertility Behavior." Unpublished Findings (1972-1980). New York: AGI, 1984.
3. Alan Guttmacher Institute (AGI). *Teenage Pregnancy: The Problem That Hasn't Gone Away.* New York: AGI, 1981.
4. Menken, Jane. "The Health and Social Consequences of Teenage Childbearing," in *Teenage Sexuality, Pregnancy and Childbearing*, Frank F. Furstenberg Jr., Richard Lincoln, and Jane Menken, editors. Philadelphia: University of Pennsylvania Press, 1981.
5. Moore, Kristen A.; Hofferth, Sandra L.; Caldwell, Steven B.; and Waite, Linda J. *Teenage Motherhood: Social and Economic Consequences.* Washington, D.C.: The Urban Institute, 1979.
6. Burt, Martha R. and Moore, Kristin A. *Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing.* Washington, D.C.: The Urban Institute, 1982.
7. Block, H. "Welfare Costs at the Local Level: Research on the Social Consequences of Adolescent Childbearing." Final Report to the National Institute of Child Health & Human Development, 1981; Burt, Martha R. and Moore, Kristin A. *Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing.* Washington, D.C.: The Urban Institute, 1982; and New York State Temporary Commission to Revise the Social Services Law, *Teenage Motherhood and Public Dependency: New York State's Response to the Issue of Adolescent Pregnancy.* Albany, N.Y.: New York State Government, 1983.
8. Bane, Mary Jo and Ellwood, David. *The Dynamics of Dependence: The Routes to Self-Sufficiency.* Cambridge, Mass.: Urban Systems & Engineering, Inc. 1983.
9. Welfare regulations governing the four demonstration sites differed on whether or not the young women were considered eligible for AFDC while they were pregnant or only after they had given birth. In order to serve a large number of needy teens, as well as to reach slated enrollment levels, Project Redirection

*Footnotes continued*

permitted two groups of teens — those who had not yet delivered but met the AFDC income test, and those whose children were eligible for aid although they themselves were not — to participate. These two groups are not included in the 70 percent figure cited.

10. For about 43 percent of the sample, baseline data were collected retrospectively during the 12-month follow-up interview, rather than at the point of entering Redirection or the comparison group. This was necessary because the size of the research sample was increased after the baseline interviews had been completed for teens already in the study. A detailed statistical analysis was conducted to assess the comparability of the two sets of baseline data, and no major biases were detected. The data were therefore pooled for the final impact analysis.

    Of the teens who were administered a baseline interview, 79 percent of the experimental group and 93 percent of the comparison group completed 24-month interviews. Of the teens who were first interviewed at the 12-month point, 77 percent of the experimental group and 94 percent of the comparison group completed a 24-month interview. There were some differences in the background characteristics of completers and non-completers, but they do not appear to be a source of major bias in the study's results.

11. In other words, the comparison group had similar or higher levels of service receipt than the clients of many other programs explicitly designed to serve teen parents. This further highlights just how well-served the comparison group was. For more information on the OAPP programs, see Burt, M.R.; Kimmich, M.H.; Goldmutz, J.; and Sonenstein, F.L. *Helping Pregnant Adolescents: Outcomes and Costs of Service Delivery.* Final report on the Evaluation of Adolescent Pregnancy Programs. Washington, D.C.: The Urban Institute, 1984.

# Acknowledgments

With the publication of this monograph, MDRC has completed the research originally conceived for Project Redirection. While a great many people contributed to both the design and development of the demonstration, a few stand out for their special contributions to the work.

At a time when the problems of early, unplanned pregnancy were largely unnoticed, Merwin Hans, the Director of the National WIN Office at the inception of Project Redirection, had unusual foresight in directing the attention and the resources of the WIN Program to the population of young teenage mothers. Gordon Berlin, now of The Ford Foundation, but in the early stages of Redirection MDRC's program officer in the Department of Labor, was instrumental in shaping the program's design and initial implementation. Susan Berresford, Vice-President of The Ford Foundation, was closely involved in the Foundation's drive to alert the country to the magnitude of the teenage pregnancy problem and, as part of that involvement, encouraged MDRC to develop and test the Redirection model. The tradition of commitment to solutions of the problems of early motherhood was continued by Prudence Brown, MDRC's program officer for Project Redirection at The Ford Foundation for many years. Her interest and leadership in studying Redirection in different settings led to the replication of the demonstration in seven additional sites.

Finally, the work of the researchers conducting the impact analysis is gratefully acknowledged. Denise Polit, analyst and author of the three impact reports, has brought a depth of understanding of this population to MDRC's work as well as her own thoughtful appraisal of what the findings reveal. Special appreciation is also expressed to Janet Kahn, who conducted the survey effort that produced the high-quality data on which the analysis depends.

## MDRC Studies of Project Redirection

*Needs and Characteristics of Pregnant and Parenting Teens: The Baseline Report for Project Redirection.* Polit, Denise F.; with Kahn, Janet R.; Murray, Charles A.; and Smith, Kevin W. 1982.

*Project Redirection: Interim Report on Program Implementation.* Branch, Alvia; Quint, Janet; with Mandel, Sheila; and Shuping Russell, Sallie. 1981.

*Choices and Life Circumstances: An Ethnographic Study of Project Redirection Teens.* Levy, Sydelle Brooks; with Grinker, William J. 1983.

*School, Work and Family Planning: Interim Impacts in Project Redirection.* Polit, Denise F.; Tanner, Michael B.; and Kahn, Janet R. 1983.

*Building Self-Sufficiency in Pregnant and Parenting Teens: Final Implementation Report of Project Redirection.* Branch, Alvia; Riccio, James; and Quint, Janet. 1984.

*Final Impacts from Project Redirection: A Program for Pregnant and Parenting Teens.* Polit, Denise F.; Kahn, Janet R.; and Stevens, David W. 1985.

Copyright 1985 by Manpower Demonstration Research Corporation.